

Washington State Department of Health

Tobacco Prevention and Control Program

2001 Report

Building a Solid Foundation
for a Healthier Washington

Acknowledgments

The Tobacco Prevention and Control Program's 2001 Report was produced with the advice and review of Tim Church, Victor Colman, Mary Frost, Maxine Hayes, Patty Hayes, Laurie Jenkins, Mary Selecky, Lincoln Weaver, and Jack Williams of the Department of Health, and the staff of the Tobacco Prevention and Control Program.

Report production

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Department of Health, Tobacco Prevention and Control Program

Data

Data appearing in this report are drawn from Washington State Birth Certificate data, the Behavioral Risk Factor Surveillance System (BRFSS), the Washington State Survey of Adolescent Health Behaviors (WSSAHB), the Pregnancy Risk Assessment Monitoring System (PRAMS), and evaluations conducted by the Tobacco Prevention and Control Program's assessment and evaluation staff.

Program information

Web sites	<i>Tobacco program:</i>	www.doh.wa.gov/Tobacco
	<i>Teen web site:</i>	www.OutrageAvenue.com
Address	Tobacco Prevention and Control Program P.O. Box 47848 Olympia WA 98504-7848	

Cover photograph

Courtesy of Group Health Cooperative, Cessation Program



January 2, 2002



Eighteen months ago, Washington launched its first comprehensive program to prevent children from becoming addicted to tobacco, and to help adults quit smoking. During that time we've worked with partners in the communities to jointly implement an effective, long-term plan that will save the lives of thousands of Washington citizens and improve the health of thousands more.

Our Tobacco Prevention and Control program staff, local health departments, schools, and other community groups have launched a variety of initiatives to combat the leading cause of preventable death in our state, including:

- A statewide media campaign to focus public attention on the dangers of tobacco use.
- A telephone tobacco Quit Line, offering free counseling and assistance to tobacco users who want to quit.
- Local, tribal, and school anti-tobacco programs.
- OutrageAvenue, a web site designed to engage youth in the fight against tobacco use (visit <http://www.OutrageAvenue.com>).

There are indications that these initial efforts are working. For example, 90 percent of Washington youth polled had seen one of the anti-tobacco ads on television that caused them to think about the negative impacts of tobacco use. More than 13,000 callers have received counseling, information, or referrals to cessation programs through the Quit Line. And, OutrageAvenue.com had more than 237,000 hits in its first eight months. These are strong signs that we are on the right track.

As a result of these initial efforts, we expect to see significant, sustained reductions in the number of youth and adults who use tobacco, and later, reductions in the number of people who die from heart and respiratory diseases and cancer.

Thanks to Governor Gary Locke, state legislators, and Attorney General Christine Gregoire, who were responsible for getting the Master Settlement Agreement with the tobacco companies and dedicating \$100 million of the initial settlement to fund the state's tobacco program. Thanks to our partners in communities around the state. Their hard work has let more people know the truth about tobacco use so they never start using tobacco, and where they can get help to quit.

We are building a solid foundation and with your continued support we will continue those efforts. The results will benefit all of us.

Thank you,

A handwritten signature in black ink, reading 'Mary C. Selecky'.

Mary C. Selecky
Secretary of Health

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Executive Summary



The Debi ads were among the most effective ads the Tobacco Prevention and Control Program aired during the first year of its advertising campaign.

Every year, tobacco claims more lives than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires combined, making it the leading cause of preventable death in the United States. The costs to all of us – those who use tobacco, those whose family members use tobacco, and those of us who pay the health care costs of tobacco users – are tremendous.

To address this growing health problem, the 1999 Washington Legislature dedicated \$100 million of the initial \$320 million the state received from the Master Settlement Agreement with the major tobacco companies to help people stop using tobacco. The Legislature asked the Department of Health to develop a “sustainable, long-term, and comprehensive tobacco control program” and budgeted \$15 million for the program’s first year (July 2000 to June 2001). The Legislature increased funding to \$17.5 for the program’s second year (July 2001 to June 2002).

The program’s goals are to:

- Prevent youth from beginning to use tobacco.
- Help youth and adults quit.
- Reduce exposure to secondhand smoke.
- Reduce tobacco use in high-risk groups.

To reach these goals, the state Tobacco Prevention and Control Program has the following major components:

- Community-based programs
- School-based programs

- Cessation
- Public awareness and education
- Reduction of youth access to tobacco
- Assessment and evaluation
- Administration

Program accomplishments for each component during the past 18 months are described here.

Community-based programs

The Tobacco Prevention and Control Program contributed funding and technical support to local health departments and community organizations in all 39 counties and to 23 of the 25 federally recognized Washington tribes. Those local organizations performed a range of activities from educating business owners about the value of making their establishments smoke-free to training teens to go into classrooms and teach younger students about the dangers of tobacco use.

School-based programs

The Tobacco Prevention and Control Program provided funding and consultation to all nine Educational Service Districts. The service districts helped schools start programs to promote strong “no tobacco use” attitudes among students, increase student knowledge of the dangers of tobacco, and provide students with skills to resist peer pressure to use tobacco.

Cessation

In November 2000, the Department of Health created the tobacco Quit Line, a telephone service that offers tobacco users free one-on-one counseling, referrals to local cessation programs, tobacco quit kits, and nicotine replacement patches and gum to help them stop smoking. The Quit Line served 13,000 callers in its first year. Seventy percent of the tobacco users who called said the Quit Line was helpful to them in their quitting process.

By early 2001, more than 90 percent of youth surveyed said they had seen at least one Washington television ad and it had given them good reasons not to smoke.

Public awareness and education

In Fall 2000, the Tobacco Prevention and Control Program began an aggressive media campaign using television and radio ads that had proven successful in other states. The campaign targeted 4th through 12th grade youth.

In addition to the television ads, the program developed a cutting-edge web site called OutrageAvenue.com that educates youth about the dangers of tobacco use. The program also created

an MTV-style, web-based reality show called *Unfiltered* that followed five teens as they tried to quit smoking. Between April and November 2001, OutrageAvenue.com received more than 237,000 hits and *Unfiltered* was downloaded by more than 34,000 visitors.

Reduction of youth access to tobacco

Working through the Liquor Control Board and local prevention programs, the tobacco program educated retailers and conducted random compliance checks to reduce the number of illegal tobacco sales made to minors. The percentage of illegal sales found during checks fell from 13.9 percent in 2000 to 11.2 percent in 2001.

Assessment and evaluation

The program developed and implemented a plan for gathering and reporting data at the state and local levels. The program identified the best sources of existing data and created new data collection systems to supplement them where necessary. The results of regularly scheduled surveys and other data collection efforts will be compared to baseline data the program has collected to measure the effectiveness of the overall program as well as specific program elements at both the state and local levels.

Introduction



The Tobacco Prevention and Control Program distributed this poster to promote Washington's toll-free tobacco Quit Line.

In Washington State, 8,300 people die of tobacco-related disease each year. The financial costs are great as well. Washington spends \$1.3 billion each year on health care expenses that result from tobacco use.

We are in the second year of a comprehensive tobacco prevention and control program that will, in the long run, improve the health and well-being of everyone in our state — those who quit using tobacco, those who won't start, those who will avoid exposure to secondhand smoke, and those of us who bear the burden of tobacco-related health care costs.

History

The 1999 Washington Legislature set aside \$100 million of the state's initial \$320 million share of the national tobacco settlement to create a Tobacco Prevention and Control Account.

At the same time, the Legislature asked the Department of Health to develop a "sustainable, long-term and comprehensive tobacco control program." The Department of Health appointed a team of experts, the Tobacco Prevention and Control Council, to recommend the most effective measures to prevent children from becoming addicted to tobacco and to help adults quit.

The council's *A Tobacco Prevention and Control Plan for Washington State* recommended a \$26.24 million per year plan, which, if fully funded over the course of ten years, would prevent 84,000 premature deaths and save more than \$3 billion in medical costs.

When the Legislature appropriated \$15 million for tobacco prevention and control during the program's first year (July 2000-June 2001), the program used the plan as a blueprint to determine which activities to pursue and which to scale back. When the Legislature raised funding to \$17.5 million for the program's second year (July 2001-June 2002), the program again used the council's plan to determine which enhancements it should make.

Over ten years, a fully funded tobacco prevention and control program would prevent more than 84,000 premature deaths and save \$3 billion in medical costs.

Initiative 773

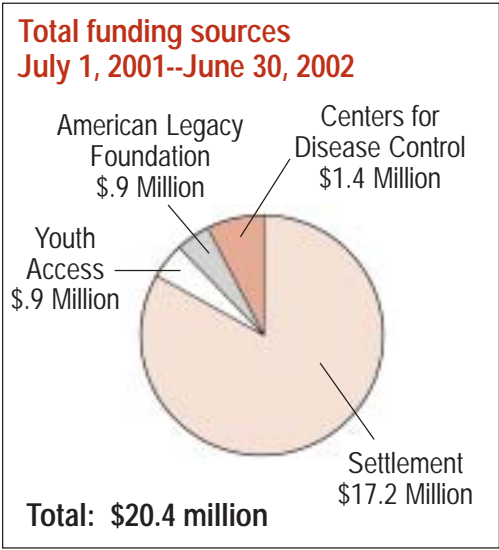
On November 6, 2001, Washington voters approved Initiative 773 raising the tax on a pack of cigarettes by 60 cents to \$1.425, the highest of any state in the nation. The initiative

A Tobacco Prevention and Control Plan for Washington and the revised plan issued in September 2000 are available on the Department of Health tobacco program web site at: www.doh.wa.gov/Tobacco/Control_Plans.htm

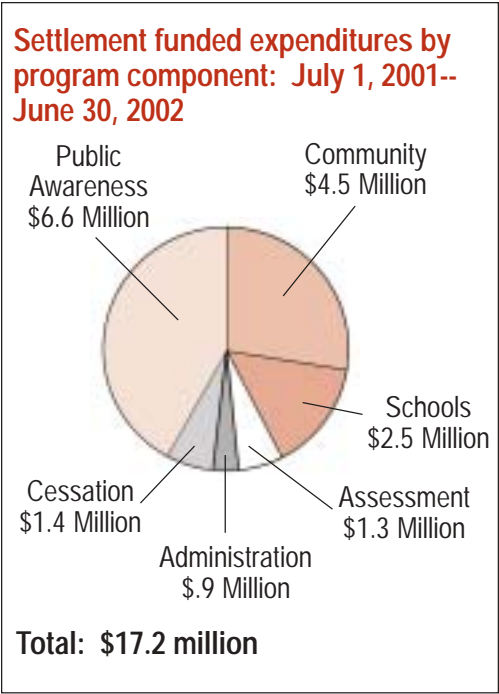
specifies that the tax will provide additional funding for health care programs including the Tobacco Prevention and Control Program. The initiative states that the program's budget will be raised to at least \$26.24 million per year, the amount required to fully fund the original long-term, comprehensive plan recommended by the Tobacco Prevention and Control Council. Full funding of the program would begin on July 1, 2002. The Department of Health will use any new funds resulting from the initiative to more fully implement the council's recommendations.

Current funding

The Tobacco Prevention and Control Program is funded primarily by tobacco settlement dollars appropriated by the Legislature from the Tobacco Prevention and Control Account. The program receives additional funding from sources identified below.



Tobacco Prevention and Control Program activities are divided into several major components. Expenditures of settlement funds for Fiscal Year 2002 for each component are listed in the chart below.





Tribal Kick Butts rally in Spokane.

Guiding principles

The guiding principles established in *A Tobacco Prevention and Control Plan for Washington State* are:

Prevention and control activities will be based on science.

The plan is based on “best practices” identified by the federal Centers for Disease Control and Prevention and the advice of Washington State’s most experienced tobacco prevention experts. The plan’s components are based on strategies that have effectively reduced tobacco use in other states. All activities are tied to measurable outcomes.

All program activities will be consistent with the goals for tobacco prevention outlined by the national Centers for Disease Control and Prevention.

Those goals are to:

- Prevent youth from beginning to use tobacco.
- Help youth and adults quit.
- Eliminate exposure to secondhand smoke.
- Reduce tobacco use in high-risk groups.

Tobacco prevention funds within the plan will be kept as flexible as possible.

Funding will be linked to successful outcomes and adjusted based on assessment and evaluation results.

The program will focus initially on three target populations:

- Youth
- Adults who are interested in quitting
- Pregnant women

Activities will build on Washington’s existing tobacco prevention infrastructure.

Washington’s public health system has been working on tobacco prevention at the community level for more than a decade. Program efforts will build on established, community-based activities.

The program will maintain Washington’s tobacco prevention partnerships.

The program will integrate its efforts with those of partners including the Office of the Superintendent of Public Instruction, the Department of Social and Health Services’ Division of Alcohol and Substance Abuse, and the Office of Community Development.

Program goals

The Tobacco Prevention and Control Program has established the following long-term goals (These outcomes assume sustained program funding through 2010.) The program will:

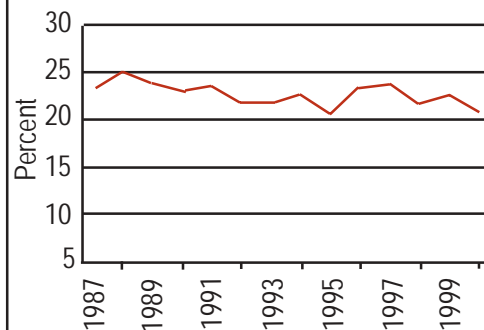
- Reduce the proportion of current adult smokers by 3 percent per year from 22.4 percent in 1999 to 16.5 percent or less in 2010.
- Reduce the proportion of youth smokers in 10th and 12th grades by 2 percent per year from 25 percent for 10th graders and 35.2 percent for 12th graders in 1999 to 16.2 percent and 22.6 percent or less, respectively, in 2010.
- Reduce the proportion of women who smoke during pregnancy by 4 percent per year from 13 percent in 1998 to 8 percent or less in 2010.

2003 program reports

The program will complete the following reports in 2003:

- A report to the Legislature containing quantifiable results from the program's first three years of activity. These will include smoking rates for adults, youth, and pregnant women.
- Reports examining tobacco use among high-risk populations and youth.
- Evaluations of the program's media campaign, cessation program, and school- and community-based programs.

The percentage of Washington adults who smoke changed little during the 1990s.



Behavioral Risk Factor Surveillance System

The Plan in Action

(Through December 2001)



Teens express themselves at the statewide youth summit.

The Department of Health stresses a collaborative approach to tobacco prevention and control that involves communities, schools, interest groups, and government at all levels. The Department of Health and its partners are engaged in a broad range of activities that have been integrated into a comprehensive program for effective action.

Program components

The Tobacco Prevention and Control Program is comprised of the major components identified by the federal Centers for Disease Control and Prevention as essential to a successful tobacco prevention effort. The components are:

- Community-based programs
- School-based programs
- Cessation
- Public awareness and education
- Reduction of youth access to tobacco
- Assessment and evaluation

This section describes highlights from each major program component for the first 18 months. Additionally, each component summary contains a description of new activities the program will carry out in 2002, and a description of the measures the program will use to evaluate each component.

Community-based programs

What we have done

Contracted with local tobacco prevention organizations and tribes.

The Department of Health supports programs in all 39 counties and 23 tribes to help communities plan, implement, and evaluate anti-tobacco programs tailored to meet their needs. The Department of Health will provide \$4.5 million to local programs in Fiscal Year 2002. Typical local activities include:

- Publishing guides to smoke-free restaurants.
- Educating business owners about the value of making their establishments smoke-free.
- Gaining smoke-free designations for parks, playing fields, and other public areas.
- Promoting the use of the statewide Tobacco Quit Line to local health providers.
- Marketing the Quit Line in bars, restaurants, theaters, and other public places.
- Identifying local cessation resources.
- Forming local youth coalitions.
- Training teens to go into classrooms to teach younger students about the dangers of tobacco use.
- Encouraging youth participation in events such as Kick Butts Day and World No Tobacco Day.

Created a Cross Cultural Work Group on Tobacco. The work group will develop a strategic plan for creating more effective tobacco prevention programs for under-served communities.

Created a materials clearinghouse. The clearinghouse provides local organizations and health care providers with anti-tobacco campaign materials including posters, notebooks, brochures, wallet cards, and other items.

Held a statewide youth summit. The two-day summit trained and educated youth advocates, and gave them a chance to network, plan, and celebrate their accomplishments with their peers.

Held statewide and regional contractor meetings. The meetings provided local contractors with detailed information about state program activities and gave them a chance to learn from each other about the activities that have been successful in their respective programs.

Provided a monthly newsletter to stakeholders. The newsletter provided timely information about state program activities, national tobacco news, and local program spotlights.

What to look for in 2002

Youth mobilization and training.

With funding from the American Legacy Foundation, the Department of Health will promote youth participation in local anti-tobacco coalitions and fund youth tobacco prevention activities. The Department of Health will support the development of teens as tobacco prevention leaders and peer educators.

A Tobacco Prevention Resource

Center. The resource center will provide communities and health care providers with the latest published, science-based tobacco prevention and control information, a speakers bureau, and training.

A Program Implementation

Advisory Committee. The committee will help the Department of Health determine the most effective ways to carry out tobacco prevention activities locally. The committee will be composed of a broad range of partners involved in local prevention efforts.

How we will measure success

We will measure success through school-based surveys and telephone surveys of the community to assess:

- Changes in community acceptance of tobacco use.
- Better enforcement of existing tobacco-free policies.
- Increased awareness of local resources to help people quit.



Ninth graders in the Pullman School District draw an anti-tobacco poster.

(Photo provided by Shelly Field)

School programs

What we have done

Established tobacco prevention and control programs in schools. The Department of Health provides funding and consultation to schools through Washington's nine Educational Service Districts. School programs are intended to promote strong "no tobacco use" attitudes among students, increase student knowledge of the dangers of tobacco, and provide students with skills to resist peer influences to use tobacco.

School programs include a wide range of activities involving students, parents, government, and community groups. Typical school activities include:

- Establishing and enforcing policies prohibiting student tobacco use on school grounds.
- Establishing or enhancing cessation programs for students.
- Implementing approved curricula that teach life skills, refusal skills, and the dangers of tobacco use. Schools are training additional staff to implement the curricula.
- Providing tobacco control and prevention information to parents through orientations, "Family Nights Out," or parent newsletters.
- Providing staff advisors and other support for school anti-tobacco groups and local youth coalitions.

What to look for in 2002

Improved program integration.

Schools will strengthen their partnerships with community, government, and non-profit and private groups to reduce tobacco use among young people and create a healthy learning environment for students.

Expanded tobacco-free policies.

Schools will expand existing policies and improve enforcement of existing policies so that, for instance, smoking will be policed on school grounds as well as in school buildings.

Increased opportunities for youth involvement. More schools will provide opportunities for youth to participate in anti-tobacco groups and activities and will provide more youth group advisors.

How we will measure success

We will measure success through school and community surveys to assess:

- Increases in the proportion of youth who practice ways to say "no" to tobacco in schools.
- Fewer youth report using tobacco on school property.
- Increases in the proportion of youth who know about resources to help them quit.

Cessation

What we have done

Created an adult Quit Line. The Department of Health contracted with Group Health Cooperative to operate a toll-free telephone Tobacco Quit Line beginning in November 2000. In the Quit Line's first year, staff provided more than 13,000 callers with intensive services that include:

- One-on-one telephone counseling (clients may call back as many times as they need).
- Referrals to local cessation programs where they exist.
- Tobacco quit kits.
- Nicotine Replacement Therapy (patches or gum) for eligible callers who are not insured or covered by Medicaid.
- Advice to health care providers.

What to look for in 2002

Youth Quit Line. The Department of Health will begin providing specialized services for teens in April 2002. Intervention techniques, counseling, materials, Quit Kits, and incentives will be tailored to a teen audience. The youth Quit Line will be supported by a targeted marketing campaign.

Quit Line marketing to health care providers. The Department of Health will train local tobacco prevention contractors to visit doctors, nurses,

dentists, and other health care providers to provide them with Quit Line materials and ask them to refer patients to the Quit Line.

Quit Line web site. The Department of Health will create a web site that will provide information about the Quit Line to users who want to know more before they call.

Insurance coverage for cessation. The Department of Health is working with insurers to include coverage for smoking cessation in their benefit plans.

Help for pregnant women to quit smoking. In early 2002, the Department of Health will begin training Maternity Support Services staff from the Department of Social and Health Services to counsel their patients statewide about quitting tobacco and reducing the amount of secondhand smoke in their homes.

How we will measure success

We will measure success through annual surveys of communities to assess:

- If more tobacco users are ready to quit.
- If more tobacco users have made quit attempts and if more have succeeded.



Quit Line specialists provided services to more than 13,000 callers in the line's first year.

Public awareness and education

What we have done

Conducted hard-hitting youth media campaign. Television and radio ads, based on formative research, were targeted at youth in grades 4-12 to prevent them from beginning to use tobacco. Ads also appeared on billboards, transit, and in movie theaters.

Conducted media campaign to promote Quit Line. This campaign was targeted at adult tobacco users who wanted to quit.

Created OutrageAvenue.com. This web site combined cutting-edge graphics and design to educate at-risk youth about the dangers of tobacco use.

Created web-based reality show *Unfiltered*. Five episodes follow teens trying to quit tobacco use during a weekend in Seattle. The show runs on OutrageAvenue.com. Its introduction dramatically increased the number of visits to OutrageAvenue.

Began showing *Unfiltered* in schools. *Unfiltered*'s host Piggy Thomas visited schools to show *Unfiltered*, hosted discussions about tobacco advertising, and encouraged youth to either quit or never begin using tobacco.

Created tobacco program web site and newsletter. The web site at www.doh.wa.gov/tobacco and the quarterly newsletter *Warning Label* provided state tobacco program information and updates.

What to look for in 2002

Advertising created specifically for Washington State. The Department of Health will continue to take the hard-hitting, graphic, fact-based approach that research has proven effective with teens. Ads will run on television, radio, and web sites, and at movie theaters and video stores. The Department of Health will expand its efforts to reach audiences in the southwest Washington media market, and in other areas with special communications needs.

A media campaign for 18- to 24-year-olds. This age group has been the recent target of tobacco industry advertising and promotion. The Department of Health will conduct research for a possible counter-marketing campaign.

Marketing campaign to promote the new youth Quit Line. Development of the marketing campaign will continue through June 2002.

How we will measure success

We will measure success through annual surveys of the communities to assess:

- Increases in the proportion of youth who have seen ads and report that the ads have given them good reasons not to use tobacco.
- Increases in public awareness of harm caused by tobacco use.
- Increases in awareness of Quit Line services among adult and youth tobacco users.



OutrageAvenue.com received more than 237,000 hits between April and November 2001.

Youth access to tobacco

What we have done

Reduced sales of tobacco to underage buyers. Through a contract with the Liquor Control Board and in cooperation with local prevention programs, local tobacco contractors conduct random checks of tobacco retailers in their counties to make sure they do not sell tobacco to minors.

The percentage of tobacco retailers in Washington who sold tobacco to minors during random, undercover checks fell from 13.9 percent in 2000 to 11.2 percent in 2001. Washington's performance consistently has exceeded federal goals, which allow for a maximum of 20 percent.

Provided education to Washington retailers. The program works with the Liquor Control Board and community partners to educate Washington's retailers about the laws prohibiting the sale of tobacco to minors. Retailers are also shown methods they can use to encourage their employees to comply with the law.

Participated in a statewide Youth Access Task Force. The task force, which is spearheaded by Public Health Seattle-King County, includes representatives of local health departments, community members, local law enforcement officers, Liquor Control Board representatives, retailers, and others who share information, learn from each other, and devise strategies for reducing illegal cigarette sales to minors.

What to look for in 2002

Expanding the statewide program.

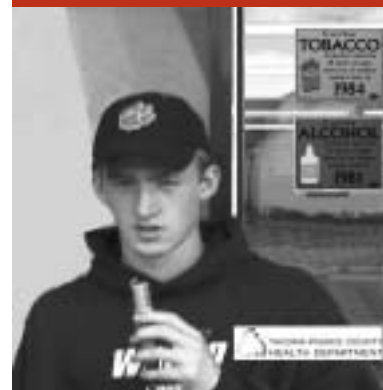
Working closely with local health departments, the Liquor Control Board, the Attorney General, local law enforcement, and other partners, the Department of Health will expand its statewide program to educate the community and retailers, perform compliance checks, and enforce state and federal law restricting sales to minors. The number of counties conducting compliance checks is expected to go from 21 in 2001 to 31 in 2002.

New educational materials

In 2002, the program and its partners will create and distribute updated educational materials that address both social and retail sources of tobacco.

How we will measure success

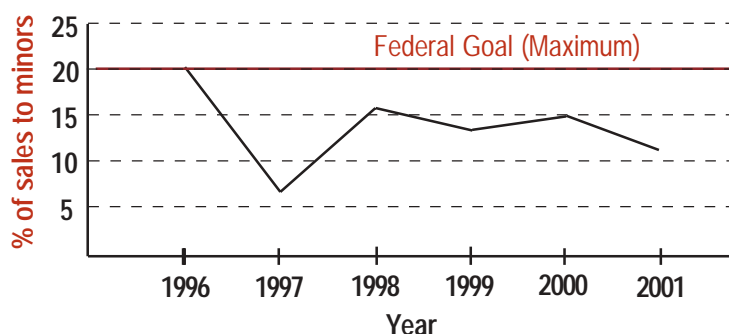
- Increases in the proportion of youth who believe that tobacco is hard to get.
- Decreases in the proportion of retailers who sell tobacco to minors during compliance checks.



Compliance checks help reduce the sale of tobacco to minors.

(Photo of Zach Givens courtesy of Wilson High School Operation Storefront and Media Literacy Program sponsored by Tacoma-Pierce County Health Department)

Washington retailers have low rates of sales to minors during compliance checks



Assessment and evaluation

What we have done

Developed a plan. The Department of Health developed an evaluation plan that identifies data collection methods and issues, and describes how and when program progress will be measured. In carrying out the initial phases of the plan, the program:

- Identified existing data collection systems capable of providing past trend data for Washington that can be compared to national data. Sources identified include Birth Certificate data, the Behavioral Risk Factor Surveillance System (BRFSS), the Washington State Survey of Adolescent Health Behaviors (WSSAHB), and the Pregnancy Risk Assessment Monitoring System (PRAMS).
- Identified gaps in data collection and created new data collection tools that provide a picture of local program effectiveness not provided by existing systems. The new tools include an adult and youth tobacco telephone survey and a web-based reporting system for local contractors.
- Collected baseline data before program implementation. The program will compare the ongoing data it gathers to the baseline data to measure program effectiveness.

What to look for in 2002

Participatory research. To understand local differences in program implementation and progress, the Department of Health will engage those who implement local programs to help interpret local findings. Data will come from interviews and telephone surveys of local community members.

Consultation with experts. The Department of Health has recruited established researchers from many areas of expertise to advise the Department on the creation and implementation of its evaluation plan.

Presentation of findings. The Department of Health will publish a summary report during the 2003 Legislative session describing program outcomes including changes in adult and youth tobacco use, smoking during pregnancy, and secondhand smoke exposure for non-smokers.

More detailed 2003 reports will assess the success of the media campaign, cessation program, and school- and community-based programs. Separate reports will analyze tobacco use among high-risk groups and youth.

How we will measure success

- The Department of Health has identified a group of respected experts, who have no financial interest or stake in the program, to review research findings reported by the program and certify that those findings are truthful.

Activities by Budget Period

In 1999, the Tobacco Prevention and Control Council recommended a long-term, sustainable plan to guide Washington's program. The council recommended initial program funding of \$26.24 million per year to fully implement the plan.

The 2000 Washington Legislature appropriated \$15 million for tobacco prevention during the program's first year (July 2000-June 2001). The program scaled back its activities, while following plan guidelines.

The Legislature increased tobacco program funding to \$17.5 million for

the program's second year (July 2001-June 2002) permitting some program expansion in accordance with plan guidelines.

This section outlines the program activities identified in the full 1999 plan, the activities chosen for the program's scaled-back first year of operation, and the activities added as a result of the additional funding received for the program's second year.

Any additional funds the program may receive as a result of Initiative 773 will be used for further plan implementation.

Community-based programs

1999 council plan

Youth advisory board to link local, regional, and statewide youth activities

Funding for local and tribal programs

Information Clearing-house to distribute free tobacco control materials

Training, technical assistance in the form of regional workshops and conferences, and issues research

Conduct multicultural tobacco outreach, conduct needs assessment, and provide grants to special populations

July 2000-June 2001

Not funded

Tribal programs fully funded. Reduced community program funding.

Done

Regional and statewide contractor conferences held. Reduced training. Issues research not funded.

Reduced by 85 percent from plan recommendation

July 2001-June 2002

Youth Advisory Board funded by American Legacy Foundation grant

Funding for communities and tribes increased 10 percent over past year

Continued

Create Resource and Training Center to support community, tribal, and school programs and health care providers

Committee created with CDC grant to devise plan for addressing needs of special populations

School-based programs

1999 council plan

Support school programs for kindergarten through 12th grades

July 2000-June 2001

Reduced to support programs for 5-9 grades only

July 2001-June 2002

Continued at 2000-2001 level

Cessation

1999 council plan

Provide adult Quit Line services for 25,000 callers

July 2000-June 2001

Reduced to providing services for 15,000 callers

July 2001-June 2002

Quit Line hours extended nine hours per week

Provide follow-up services for 5,000 callers

Reduced to providing services for 2,000 callers

Continue follow-up services for 2,000 callers

Provide cessation training to health care providers

Pilot project conducted

Provide statewide cessation training to health care providers

Offer consultation to health care systems

Not funded

Offer limited health care system consultation

Establish youth Quit Line

Not funded

Youth Quit Line established in April 2002

Provide technical assistance to health plans, providers, and employers

Reduced to limited technical assistance

Continued at 2000-2001 level

Public awareness and education

1999 council plan

Television and radio advertising in major markets

July 2000-June 2001

Reduced. Less advertising time purchased

July 2001-June 2002

Possible increase in radio and television ad time

Original television ads tailored to Washington audiences

Not funded. Used existing ads from other states.

Original television advertising begins January 2002

Public awareness campaign conducted

Done

Continued

Advertising targeting 18- to 24-year-old group

Not funded

Ads for 18- to 24-year-olds if research indicates

Advertising targeting pregnant women, parents

Not funded

Not funded

Youth access

1999 council plan

July 2000-June 2001

July 2001-June 2002

Distribute educational materials to retailers

Done

Update materials

Increase coordination of youth access activities

Support statewide youth access task force

Support statewide youth access task force

Conduct compliance check trainings in local communities

Done

Continued

Assessment and evaluation

1999 council plan

July 2000-June 2001

July 2001-June 2002

Collect data through school- and county-based surveys for tobacco awareness, attitudes, and behavior

Done

Continued

Collect data for mid-size counties and sub-populations

Reduced

Continued at 2001 level

Create web-based reporting system for school and community programs

Done

Enhance web-based reporting system

Training and technical assistance for web-based reporting

Reduced training and technical support

Continued at 2001 level

Offer external data consulting and support

Limited consulting and support offered

Limited consulting and support offered

Assess target populations

Done

Continued

How We Will Know that the Program is Working

Long-term measures of success

Washington State's tobacco plan is designed to produce significant results over the long-term. It will take ten or more years for the program to demonstrate the results that matter most—a reduction in the number of deaths due to smoking related heart disease and cancer.

Midterm measures of success

In the nearer term, between three and five years, the program will look for declines in youth and adult smoking rates as indications of success.

Current measures of success

In the short run, the Department of Health can look to survey results to monitor the changes in our social attitudes that must occur if tobacco use is to decline and we are to reap the resulting health benefits.

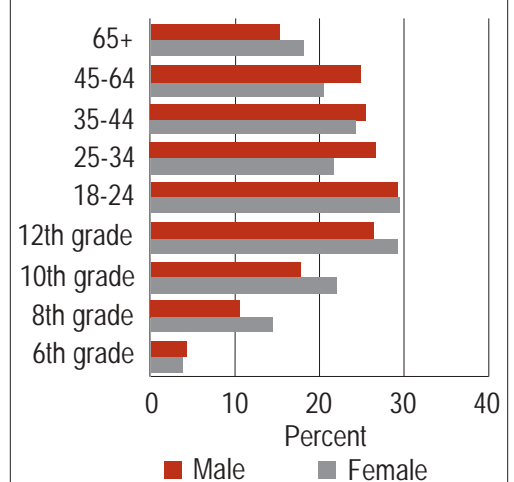
Tobacco use varies by age, population, and income

Notable variations in current tobacco use rates are listed below.

- **The higher an individual's income level, the less likely they are to smoke cigarettes.** Among those with incomes below \$25,000 per year, 31.2 percent smoke. Among those who earn more than \$50,000 per year, 16.8 percent smoke.²
- **The higher an individual's level of education, the less likely they are to smoke cigarettes.** For those who have not completed high school, 39.2 percent smoke. For those who have some college education, 16.3 percent smoke.²

- **18- to 24-year-olds smoke cigarettes more than any other age group** (roughly 29 percent for both males and females). Smoking rates decrease with age.²

Current Cigarette Smoking: Age & Gender



1998-2000 Behavioral Risk Factor Surveillance System, 2000 Washington State Survey of Adolescent Health Behaviors

- **Native Americans adults have the highest smoking rate (34.1 percent)² of any ethnic group.** The rate for Native American 10th graders is 40.5 percent.¹
- **16.3 percent of 12th grade boys use smokeless tobacco.** Only 3.1 percent of Washington adults, currently use smokeless tobacco.²
- **Approximately 20.7 percent of low-income mothers (Medicaid recipients) smoke during pregnancy;** nearly three times greater than the rate for other mothers.⁴

Sources:

¹ Washington State Survey of Adolescent Health Behaviors

² Behavioral Risk Factor Surveillance System

³ Birth Certificate data

⁴ Pregnancy Risk Assessment Monitoring System

